

jchd Jefferson County Health Department



2016 Annual Report

What is Public Health?



36 years is a long time to work at one place! But these have been the most fulfilling, although sometimes challenging, years of my life. I have been fortunate to work with some of the most talented staff who have dedicated their lives to making Jefferson County a better place to live. In this Annual Report I have highlighted the staff and let their words tell the Health Department story. Enjoy!

Gail Scott, RN, BSN, Director/Health Officer

- ✓ **Public Health promotes and protects the health of people and the communities where they live, learn, work and play.**
- ✓ **While a doctor treats people who are sick, those of us working in Public Health try to prevent people from getting sick or injured in the first place. We also promote wellness by encouraging healthy behaviors.**
- ✓ **From conducting scientific research to educating about health, people in the field of Public Health work to assure the conditions in which people can be healthy. That can mean vaccinating children and adults to prevent the spread of disease or educating people about the risks of alcohol and tobacco. Public Health sets safety standards to protect workers and develops school nutrition programs to ensure kids have access to healthy food.**
- ✓ **Public Health works to track disease outbreaks, prevent injuries and shed light on why some of us are more likely to suffer from poor health than others.**
- ✓ **The many facets of Public Health include speaking out for laws that promote smoke-free indoor air and seatbelts, spreading the word about ways to stay healthy and giving science-based solutions to problems.**
- ✓ **Public Health saves money, improves our quality of life, helps children thrive and reduces human suffering.**

Some examples of the many people who contribute to Public Health:

Community Planners	Epidemiologists
First Responders	Health Educators
Jail Nurses	Nutritionists
Local Policy and Law Makers	Public Health Nurses
Public Health Physicians	State & Federal Public Policymakers
Restaurant Inspectors	Sanitarians
School Nurses	Scientists and Researchers
Occupational Health and Safety Professionals	

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Mission Statement

The mission of Jefferson County Health Department is to protect and promote health for all citizens of Jefferson County through the primary prevention of disease, disability and death.

The mission is accomplished by:

- ✓ *Supporting the primary Public Health functions - assessment, policy development and assurance*
- ✓ *Providing community leadership and active membership in partnerships*
- ✓ *Creating policies and plans that support individual and community health efforts*
- ✓ *Preventing morbidity and mortality from communicable and chronic diseases*
- ✓ *Providing educational opportunities for students*
- ✓ *Enforcing and complying with local, state and federal laws*
- ✓ *Promoting and ensuring healthy environments*
- ✓ *Assuring Public Health preparedness and emergency response*
- ✓ *Educating the public about healthy lifestyles*
- ✓ *Providing direct services to identified populations*
- ✓ *Linking people to needed health services and available resources*
- ✓ *Compiling and analyzing data to monitor the health status of the community*
- ✓ *Collaborating with hospitals and community organizations to produce a Community Health Assessment and Community Health Improvement Plan*
- ✓ *Maintaining an experienced and competent workforce of health professionals*

Board of Health

Marie Wiesmann, RN, BSN, Chair

Manager of Quality & Integrated Care, Fort HealthCare

John McKenzie, Vice Chair

Citizen Member

Ed Morse, Secretary

Jefferson County Board of Supervisors Member

Dick Schultz

Jefferson County Board of Supervisors Member

Don Williams, MD

Internal Medicine and Pediatric Physician

Jefferson County Health Department Medical Advisor

The Jefferson County Board of Health met five times in 2016 to provide oversight of Health Department programs and services, to learn more about specific programs and projects and to make policy decisions. Some highlights of 2016 include:

- ✓ Provided oversight of the budget, approval of financial report and acceptance of grant funding outside of the regular budget process
- ✓ Supported participation in the Tobacco Free Community Partnership
- ✓ Participated in Public Health Preparedness exercises
- ✓ Participated in Town Hall meeting related to Lead in water
- ✓ Accepted citizen input on environmental and health concerns related to human health hazards, Concentrated Animal Feeding Operations (CAFO), and a proposed goat farm
- ✓ Set Health Department fees
- ✓ Provided input into programs and services, Quality Improvement projects, policy development and evaluation of programs
- ✓ Supported staff training including out-of-state travel

“The threats to our nation’s health are real and come in different forms and in different ways. Public Health is a quintessential government function; it is part of our infrastructure and needed to keep Americans safe. And Public Health is a best buy: investments in Public Health are repaid many times over. The work CDC and our partners do saves lives and money, protects the American people’s health and is good for the country.”

CDC Director Tom Frieden

Staff

Director/Health Officer

Gail Scott, RN, BSN

Public Health Program Manager

Diane Nelson, RN, MSN

Clerical Support Staff

Sandee Schunk

Accounting Specialist II

Michele Schmidt

Administrative Assistant II

Environmental Health

Carly Herald*

Environmental Health Specialist

Started February 2017

Holly Hisel, Technician*

Environmental Health Specialist

Jeff Larkin*

Environmental Health Specialist

Ted Tuchalski, RS*

Environmental Health Specialist

Resigned January 2017

***Watertown Health
Department Employee**

Interpreters

Paul Camacho

Raul Sosa Cruz

Laryssa Germundson

Cecilia Lentz

Alejandra Munoz

Socorro Olson

Elizabeth Pizano

Vilma Staude

Juanita Villalobos

Public Health Nurse (Jail)

Tania Wenzel, RN, BSN

Public Health Techs (Jail)

Melissa Goodearle, LPN

Melissa Koenigs, LPN

Diane Lenz, LPN

Sarah Luebke, LPN

Public Health Nurses

Amy Fairfield, RN, BSN

Serena Jahnke, RN, BSN

Resigned January 2017

Amanda Lenz, RN, BSN

Started April 2017

Mary Magnuson, RN, BSN

Emi Reiner, RN, BSN, MPH

Nancy Schneider, RN, BSN

Katrina Waldron, RN, MSN

Public Health Tech

Melissa Koenigs, LPN

Office/Clinic

Clinic LPN

Bonnie Peot, LPN

Rock River Free Clinic

Public Health Preparedness Program

Gail Scott, RN, BSN

Local Coordinator

WIC Program Staff

Mary Wollet, RD

WIC Project Director/Supervisor

Jennifer Gaal

WIC Registered Dietitian

Started April 2016

Vicki Gallardo, RDT

WIC Registered Dietetic Tech

Marsha Hake, RN, BSN

WIC Registered Nurse

Retired March 2016

Patty Pohlman

Administrative Assistant II

Laryssa Germundson

WIC Breastfeeding Peer

Support Counselor

Amber Kruesel

WIC Breastfeeding Peer

Support Counselor

2016 Budget

Program	Funding Source	Revenue	Expenditures
Adult Immunization – Tdap Grant	Federal Grant	\$1,721.00	\$1,721.59
Childhood Lead Poisoning Prevention Grant	Federal Grant General Tax Levy	\$6,390.00	\$14,892.51
Environmental Health	General Tax Levy	\$0	\$35,000
Rock River Free Clinic LPN	Rock River Free Clinic	\$38,392.19	\$38,392.19
Head Start Nursing	Head Start Program	\$5,147.40	\$5,147.40
Immunization Coalition HPV Grant	UW WI Cancer Control Program & Federal CDC Grant	\$8,398.85	\$8,398.55
Immunization Grant	Federal Grant General Tax Levy	\$14,682.00	\$21,168.19
Maternal & Child Health Grant	Federal Grant General Tax Levy	\$22,506.00	\$34,245.51
Mental Health Nursing	Human Services	\$12,726.19	\$12,726.19
Personal Care	WIMCR = Wisconsin Medicaid Cost Reporting	\$17,748.63	\$4,215.63
Public Health	Fee for Services, Donations General Tax Levy	\$76,158.37	\$939,283.61
Quality Improvement Grant	Federal Grant	\$972.00	\$1,037.59
Public Health Preparedness Grant	Federal Grant	\$40,949.00	\$54,869.89
Public Health Preparedness Grant - Ebola	Federal Grant	\$10,266.00	\$10,266.28
Public Health Preparedness Grant	Municipal Funding Carryover	\$0	\$626.00
Tuberculosis Dispensary	Wisconsin TB Program	\$912.91	\$317.99
WIC Breastfeeding Peer Counseling Grant	Federal WIC Grant	\$7,631.00	\$7,631.31
WIC Grant	Federal WIC Grant/State GPR	\$321,563.00	\$321,510.61
WIC Fit Families Grant	Federal WIC Grant/State GPR	\$12,875.00	\$17,024.27
	2016 General Tax Levy	\$838,207.00	\$0
Total		\$1,437,246.54	\$1,528,475.31
2016		(\$91,228.77)	
2015 Restricted Carryover Funds Applied		\$19,319	
2016 Budgeted Capital Carryover – Copier		\$10,000	
2016 Budgeted Reserve Funds Applied to Deficit		\$61,909.77	
2016 Final Balance		\$0	

Donations



Cribs for Kids

Jefferson Community Foundation
Aurora HealthCare

\$500
\$2,500

Pictured above are Public Health Nurses Amy Fairfield, Emi Reiner, Nancy Schneider and Katrina Waldron with sheets, a Pack N Play and safe sleep information given out to families in need.

Car Seats for Kids

Client Donations for Car Seats

\$229

Pictured at right Vicki Gallardo assists a dad in properly installing car safety seats.



Quilts & Clothes for Kids

Holy Family Quilters of Waterloo

Pictured at right and below: Public Health Nurses and the Holy Family Quilters with their generous donations.



Evaluation of 2016 Goals

- ✓ **Develop, complete and train with new Fatality Management and Family Assistance Center Plans.**
The Fatality Management and Family Assistance Center Plans have been completed. An Emergency Preparedness Exercise was held in Watertown where the plans were used to respond to a mock train derailment. The Health Department, Emergency Management, and Human Services met to discuss and plan further training and an exercise using the plans.
- ✓ **Complete local, regional and state-wide Public Health Preparedness exercises.**
The Health Department participated in three Public Health/Disaster Preparedness Exercises in 2016: Ebola Regional Exercise in Madison, Miles Paratus Exercise in Jefferson and at Volk Field and a Train Derailment/Family Assistance Center Exercise in Watertown.
- ✓ **Continue to work with the South Central HealthCare Coalition in regional response planning.**
The Director/Health Officer attended all South Central HealthCare Coalition meetings for regional response planning.
- ✓ **Complete Well Child Clinic Quality Improvement project.**
The Well Child Clinic Quality Improvement project was completed and changes implemented.
- ✓ **Provide two Immunization Coalition meetings with an emphasis on the Human Papilloma Virus (HPV) vaccine.**
Two Immunization Coalition meetings were held providing information on the HPV vaccine and on audits of records at provider clinics.
- ✓ **Participate in the state-wide HPV Summit**
Staff participated in the state-wide HPV Summit.
- ✓ **Complete the Community Health Improvement Plan.**
Along with Dodge County, the City of Watertown, Fort HealthCare and Watertown Regional Medical Center, the activities and objectives of the Community Health Improvement Plan were accomplished.
- ✓ **Complete a new Community Health Assessment with Dodge-Jefferson Healthier Community Partnership and local hospitals in Dodge and Jefferson Counties.**
The 2016 Community Health Assessment was completed and is available on the Jefferson County Health Department website.
- ✓ **Continue to monitor elevated blood lead levels in children and provide education on prevention.**
The Health Department continues to monitor elevated blood lead levels in children and participated in a Town Hall meeting in Lake Mills providing information about prevention of lead poisoning.
- ✓ **Continue to work on immunization benchmarking, HPV grant and the two new Adult Immunization grants.**
Activities continue with the goal of improving immunization rates in the County.
- ✓ **Look at opportunities to partner with our County departments or community organizations/agencies to address current Public Health issues.**
The Health Department participates in many coalitions, meetings and partnerships throughout the County. Staff from other departments were invited to Public Health meetings to share information about their programs and potential for collaboration with the Health Department.

Public Health Statistics

Program or Service	2014	2015	2016
Car Safety Seat Inspections/Installations	146	80	116
Cribs (Pack N Plays) Distributed	ND	15	21
Communicable Disease Confirmed/Probable Cases	487	468	462
County Jail Client Visits	4,322	4,526	5,183
Health Education Attendees/Sessions	2,151/66	1,853/26	1,186/157
Hearing & Vision Screening	66	625	712
Hearing & Vision Referrals	ND	21	43
Immunization Clients	1,553	1,333	1,036
Immunizations Given	2,349	1,846	1,664
Lead Level Screenings	555	576	504
Lead Level $\geq 10\mu\text{g}/\text{dL}$ (elevated)	24	7	8
Lead Level 5-9 $\mu\text{g}/\text{dL}$ (recommended prevention level)	ND	39	18
Mental Health Client Visits (Community Support Program)	558	537	585
Office Clients (TB skin tests, BP checks, medications, paternity tests)	434	441	399
Pregnancy Tests	13	39	50
Public Health Nurse Contacts	3,638	3,380	4,288
Well Child/HealthCheck Clinic Clients	112	30	29
Well Water Samples	34	29	15
WIC Breastfeeding Peer Support Visits	580	505	365
WIC Monthly Caseload Average	1,335	1,305	1,267
WIC Dollars Expended at Local Grocery Stores	\$849,155	\$843,473	\$772,962
WIC Dollars Expended at Farmer's Markets	ND	\$9,584	\$4,660

ND = No data available

Jail Nursing by Tania Wenzel, RN, BSN

Health Department nursing staff provides health care for the non-working inmates in the County Jail. The average daily census for 2016 was 121. There are 5 nurses that work together to provide this care: Tania Wenzel, RN BSN, Diane Lenz, LPN, Sarah Luebke, LPN, Melissa Koenigs, LPN, and Melissa Goodearle, LPN. The LPNs cover 2 shifts Monday – Friday from 7:30 a.m. – 8 30 p.m. and 6 – 8 hours per day on the weekends. The RN works an additional 35 hours/week overseeing the care. The nursing staff at the jail has a combined total of over 50 years of correctional health care experience.

The nurses see inmates for many reasons including: to get a medical history, to verify diagnosis and medication(s), to evaluate acute and chronic medical issues, to give instruction on preventative health care and resources available outside of the jail, and to give and read TB skin tests. Some of the cases in 2016 the nurses dealt were osteomyelitis, rhabdomyolysis, Crohn's, multiple fractures, cancer, and various post-ops (including appendectomy, bladder cancer, clavicle repair, chest tube placement following lung biopsy). The nurses work with the doctors from Advanced Correctional Healthcare to obtain orders of care necessary while the person is incarcerated. The nurses have to then set up the medication(s), lab work, and consults that are ordered.

We continue to have an increase in the number of inmates coming into the jail under the influence of narcotics and benzodiazepines. This causes a significant increase in the nurse's caseloads as the inmates are seen frequently for at least the first 3 days to monitor for symptoms of withdrawal. The number of inmates with significant alcohol addictions that required treatment for withdrawal remained fairly constant. Another concerning trend is the number of pregnant women suffering from addiction. During 2016, 2 of the 12 pregnant inmates came into the jail on a narcotic. These cases require very close monitoring by jail nursing staff and outside providers.

The Health Department and Sheriff's Department have maintained a very supportive and positive working relationship since 1992 when the Public Health Nurses started working in the jail.

Dental Care Sick Call	148	Referrals (off-site)	128
Dentist Visits	30	Respiratory Treatment	40
Lab Work	322	Suicide Attempts	1
MD Mental Health Evaluations	19	Suicide Completions	0
MD Sick Calls	84	Tuberculosis (TB) Skin Tests	564
Mental Health Meds	392	Tuberculosis – Active	0
Nurse Sick Calls	4,607	Tuberculosis – Latent	11
Nutritional Services	176	Withdrawals – Benzo/Opiate	251
Radiology (off-site)	28	Withdrawals – Alcohol	104

Environmental Health

The Jefferson County Environmental Health Consortium is a partnership with Jefferson County Health Department & the City of Watertown Department of Public Health

- ✓ Agent of the State for Department of Agriculture
- ✓ Beach water sampling & weekly pool water testing
- ✓ Disaster, chemical hazards & spill response
- ✓ Follow-up on human health hazard complaints
- ✓ Indoor air quality, asbestos, radon & lead education
- ✓ Transient well water sampling & inspections

2016 Statistics

Well inspections	35	Nitrate initial samples	3
Bacteria initial samples	156	Nitrite samples (new wells only)	156
Follow up bacteria samples	24	Beach Water sampling (3 beaches)	36
Raw water bacteria samples	2	Radon Test kits distributed in Jefferson County	135
Bi-monthly samples	8	Radon Media releases/displays/presentations	22
Health Hazard Complaints			60

2016 DHS & DATCP Agent Facility Inspections

Facility Type	Pre-Inspections	Routine Inspections	Re-Inspections	Onsite Visits	Complaints	Total
DHS Food	73	233	45	47	17	415
DATCP Retail Food	24	146	8	19	5	202
School Inspections	0	81	0	0	0	81
Tattoo & Body Piercing	3	0	0	0	0	3
Lodging	16	17	13	1	15	62
Campgrounds	0	23	0	0	1	24
Pools	24	24	22	162	2	234
Re-Ed Camps	0	4	1	0	0	5
Total	140	528	89	229	40	1,026

Communicable Disease Statistics

January 2016 – December 2016

Disease	Confirmed	Probable	Suspect	Not a Case	Total
Category I					
*Haemophilus Influenzae Invasive Disease	2	0	0	3	5
*Hepatitis A	0	0	0	11	11
*Measles	0	0	0	1	1
Meningococcal Disease	1	0	0	1	2
*Pertussis (Whooping Cough)	16	4	9	163	192
Tuberculosis	0	0	1	3	4
Unusual Disease	1	0	0	0	1
Category II					
Arboviral Disease (tick or mosquito)	0	0	2	9	11
Babesiosis (tick)	0	0	0	1	1
Blastomycosis	2	0	0	1	3
Brucellosis	0	0	0	1	1
Campylobacteriosis (GI disease)	24	13	0	0	37
Chlamydia Trachomatis Infection (STD)	160	1	4	0	165
Coccidioidomycosis (Valley Fever)	1	0	0	0	1
Cryptosporidiosis (GI disease)	17	0	0	0	17
Ehrlichiosis/Anaplasmosis	1	0	0	0	1
Giardiasis (GI disease)	3	0	0	0	3
Gonorrhea (STD)	11	0	0	0	11
*Hepatitis B	0	1	0	7	8
Hepatitis C	24	11	10	11	56
Hepatitis E	0	1	0	0	1
Histoplasmosis	1	0	0	1	2
*Influenza	18	3	0	2	23
Invasive Streptococcal Disease A & B	10	0	0	7	17
Kawasaki Disease	1	0	0	0	1
Legionellosis	3	0	1	0	4
Listeriosis	1	0	0	0	1

GI = Gastrointestinal Disease, STD = Sexually Transmitted Disease, *Vaccine Preventable Disease

Communicable Disease Statistics

January 2016 – December 2016

Disease	Confirmed	Probable	Suspect	Not a Case	Total
Lyme Disease (tick)	9	1	15	8	33
Malaria	1	0	0	0	1
Meningitis, Other Bacterial	2	0	0	1	3
*Mumps	0	0	1	11	12
Mycobacterial Disease (Nontuberculosis)	10	0	0	1	11
Pathogenic E.Coli	20	3	33	1	57
Pelvic Inflammatory Disease	2	0	0	0	2
Q Fever	0	0	0	1	1
Salmonellosis (GI disease)	21	0	1	1	23
Shigellosis	21	2	1	1	25
Streptococcus Pneumoniae Invasive Disease	4	0	0	1	5
Syphilis (STD)	3	0	0	7	10
Toxoplasmosis	0	0	1	0	1
*Varicella (Chickenpox)	6	2	0	9	17
Vibriosis, Non Cholera	1	0	0	0	1
Yersiniosis	1	0	1	0	2
Environmental					
Metal Poisoning (Non-Lead)	3	0	0	4	7
Pesticide-Related Illness	0	0	0	1	1
Not-Reportable					
Bordetella holmesii	1	0	0	0	1
Herpes, Genital (1 st Episode)	1	0	0	0	1
Meningitis, Aseptic (Viral)1	1	0	0	0	1
Norovirus (GI disease)	0	0	0	2	2
Not Reportable	4	0	1	2	7
Parapertussis	1	0	0	1	2
Streptococcal Infection Other Invasive	7	0	0	0	7
Tuberculosis Latent Infection	4	0	1	0	5
Total	420	42	82	274	818

GI = Gastrointestinal Disease, STD = Sexually Transmitted Disease, *Vaccine Preventable Disease

Public Health Grants & Programs

Car Safety Seat Bureau of Transportation Safety (BOTS) Grant

Childhood Lead Poisoning Prevention

Communicable Disease Program

Community Health Assessment
Community Health Improvement Plan

Dental Health Program

Head Start Nursing and Nutrition Consultation

Immunization Program

Adult Immunization Grants
Human Papilloma Virus (HPV) Grant
Immunization Grant

Maternal and Child Health

Mental Health Nursing

Prenatal Care Coordination

Public Health Emergency Preparedness
(PHEP Cooperative Agreement with CDC)
Ebola Grant

Quality Improvement

Student Clinical

Tobacco Free Community Partnership

Women, Infants and Children (WIC) Grant
Breastfeeding Peer Counselors
Farmer's Market
Fit Families

Car Seat Program by Nancy Schneider, RN, BSN

The Health Department currently has three staff certified as Child Passenger Safety Technicians (CPST) through the National CPST Certification Program. Each technician is trained to complete safety checks on car seats which consist of an inspection of the current seat/seating situation, education of the parent/guardian regarding laws and best practice, and aiding in the proper installation.

This past year has been a busy one for the CPST's. A total of 116 car seat checks were completed and 99 car seats were provided to children of families in need. The gifted seats were primarily purchased with money received through a grant from the Bureau of Transportation Safety (BOTS). Donations from the participants also made up a small portion of the funding to purchase seats.

Some of the reasons that have prompted the provision of a BOTS seat to a family include children riding unrestrained in a vehicle, children exceeding the height or weight limit in their current seat, seats in use past their expiration date and seats with an uncertain crash history. To receive a seat the family also has to demonstrate financial need.

Car seat checks generally occur at the Health Department, but on occasion home visits have been made. This year we also hosted an event at the Jefferson Fire Department. Due to the success of the event, we plan to continue hosting the daylong event annually.

In the spirit of teaching, booster seat education was provided to the 4K, Kindergarten, 1st and 2nd graders at Cambridge and Lake Mills Elementary schools. Follow-up education was provided at the Cambridge Elementary school to parents during parent teacher conferences. The interactive educational program is aimed at keeping children in the proper restraint system until they can safely graduate from the booster seat.

In 2017, we plan to extend our training to the elementary schools in Jefferson and Palmyra-Eagle.

Below: Nancy Schneider and Vicki Gallardo at the Jefferson County Fair promoting car seat safety.



"One of my favorite parts of being a Public Health Nurse is working with children. It is fun to see them grow and change, and it's rewarding to think that I had a role in influencing a healthier, happier lifestyle.

Even the "naughtiest" of them make me smile." Nancy Schneider, RN, BSN

Childhood Lead Poisoning Prevention

by Nancy Schneider, RN, BSN

Grant Objective

By December 31, 2016, 375 children at risk for lead poisoning who reside in Jefferson County will receive an age-appropriate blood lead test.

504 children received an age appropriate blood lead test through the Health Department with the following elevated blood lead levels by city:

City	5-9 ug/dL	10 ug/dL or Above
Cambridge	0	0
Fort Atkinson	8	2
Helenville	0	1
Jefferson	4	3
Johnson Creek	0	0
Lake Mills	5	1
Sullivan	0	0
Waterloo	0	1
Watertown	1	0
Total	18	8

The Health Department actively follows children with a blood lead level of 5 ug/dL or higher, also known as an elevated blood lead level (EBLL). The majority of referrals come from our WIC Program and medical providers. Childhood lead poisoning is known to interfere with the normal development of a child's brain and can result in lower IQ, learning disabilities, and behavior problems like aggression and hyperactivity.



Our typical outreach to the family of a child with an EBLL includes a Public Health Nurse phone call to discuss the significance of the detected level, possible sources and simple measures to implement that aid in the reduction of the EBLL. A detailed packet of information is then sent to the family and the lab value with recommended follow up to the physician.

Lead paint is the primary source of exposure, typically occurring when the paint is peeling or chipping, or renovations within the home occur. If, during the initial phone discussion, the probable source was not

identified, a Public Health Nurse visit is offered to investigate and test possible sources. If the child blood lead level was \geq 10 ug/dL, a Certified Lead Hazard Inspector may also complete a home inspection.

Our goal is that with close monitoring and early intervention, usually in the form of parent teaching, we will prevent the adverse effects of an EBLL to occur, as any lead in the blood is considered unsafe for a child.



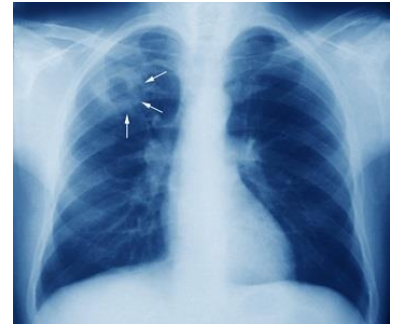
Communicable Disease & Office Services

by Katrina Waldron, RN, MSN

Jefferson County Health Department is required by State law to provide communicable disease case management and education to those affected. The Health Department also provides education and resources for medical providers, immunizations, provides rabies prevention and control through follow-up and facilitation of testing of specimens, responds to food, water or disease outbreaks, provides Tuberculosis case management and provides data and case management information using the Wisconsin Electronic Disease Surveillance System (WEDSS) and the Wisconsin Immunization Registry (WIR).

Tuberculosis Nurse Case Management

In 2016 I applied to take the Heartland National TB Center's "Introduction to TB Nurse Case Management" intensive online course. Even though I was outside their normal territory of Texas, New Mexico, Kansas, and Missouri, I was fortunately accepted with approximately 20 other students. Out of all communicable diseases, TB is one that intrigues and challenges me the most. Classes were every other week from January-March 2016 and lengthy homework assignments were given to improve our understanding of TB. As a result of this course, I have a better understanding of how to manage a simple or complex case of active TB from a Public Health standpoint.



I have already put this course's lessons to good use with a new active TB case in 2017 and by successfully completing 5 latent TB cases in 2016. Each of the latent TB cases had significant challenges related to language barriers, frequent out of country travel, low income, housing issues, multiple comorbidities that needed monitoring, and more. Yet they were some of the most meaningful cases I've had as a Public Health Nurse. By the time their 3 to 9 months of treatment were completed, we formed a connection of understanding, trust, and companionship. On their final day of treatment one of them gave me a plant from her native country and said, "Thank you for being fantastic with this. It's been very hard for us but we knew we could count on you."

It's with a sigh of relief that hard work and passion for TB management has paid off for our providers as well. One of our most respected Infectious Disease specialists gave my coworker and me a gracious compliment when he said that he, "truly appreciated the thorough documentation and follow-up that you provide to my patients. Their TB care is in good hands." For the rest of 2017 I have plans to help update our jail's TB assessment process and reach out to local clinics that are in need of TB training.

"I love that Public Health nursing encourages us to understand that everyone's well-being in a community, state or nation is interconnected, no matter their background, ethnicity, language, financial status, or age. It calls for us to see the bigger picture of health care, educate ourselves on the many aspects of that bigger picture, and then help to shape and improve that bigger picture by partnering with others. Some days my coworkers and I are busily running around the Health Department carrying out the daily duties of our clinic and managing our cases. Other days we are everywhere in the community: carrying out projects, mass clinics, home visits, or continuing our health education. Our team of nurses may be small but we are mighty. I am proud of all the initiatives and partnerships that we have each made in our lead areas in this County and look forward to what we can do in the future with the help of our community partners!"

Katrina Waldron, RN, MSN

Other key events in communicable disease from 2016 included a 2-month multi-county outbreak of Shigella, Zika virus monitoring for pregnant women, testing and source investigation for a case of Elizabethkingia, a high school Pertussis outbreak that lasted into the summer break, and epidemiology training in Atlanta, Georgia.

Shigella Multi-County Outbreak

Shigella is a reportable bacterial infection that spreads quickly and can lead to the ill person being excluded from work, school or daycare for days and sometimes weeks. In this particular Shigella outbreak, young children under the age of 8 and some children with cognitive disabilities were most affected. We collaborated with the schools, daycares and other communicable disease nurses from the State DHS, Walworth County, Rock County and Waukesha County to issue infection control measures, public outreach, stool sample test kits, work exclusion letters, and school/daycare re-admittance letters. It was a difficult and emotional outbreak to manage since some families had to miss significant amounts of work in order to care for their kids, putting their jobs on the line.

Zika Virus Response

From March 2016-July 2016 all of our Public Health Nurses became well-versed in Zika virus education and monitoring since we all work with prenatal moms and Zika virus can affect the unborn fetus if a mom is infected while pregnant. We continue to receive reports of Zika virus testing from Wisconsin Department of Health Services for travelers who may have been exposed to Zika and have Zika-like symptoms, but no confirmed Jefferson County cases were identified in 2016.

Elizabethkingia Outbreak

In April 2016, there was an outbreak of Elizabethkingia cases in Wisconsin from an unknown source. Our Health Department had to help complete source investigation with an Elizabethkingia patient and test the patient's family members. Several staff members from Atlanta's CDC division even came to WI to assist the State with the investigation, but no specific source of the outbreak was ever identified. Fortunately our patient survived and had noted improvement by the summer.

Pertussis Outbreak

Summer started off with a Pertussis outbreak from May-June 2016, which is an unusual time of the year for this illness. Pertussis, known as whooping cough, is extremely contagious and is spread through respiratory secretions. Often people do not know they have it until 2-3 weeks after symptoms begin, during which time it can affect many people and sometimes cause serious complications or death. In this outbreak, a high school was first affected and then with the end of the school year's assemblies and graduation parties, more cases kept appearing throughout the summer. One case had 36 close contacts (i.e., close friends or family members) who were identified for follow-up treatment and monitoring. Other cases had fewer close contacts. Eventually the outbreak was controlled with the assistance of the families, schools and Wisconsin Department of Health Services (DHS).

Epidemiology in Action Training

A highlight of 2016 was being selected as one of the Wisconsin scholarship recipients for the 2-week course called Epidemiology in Action, held at the Emory University – Rollins School of Public Health in Atlanta, Georgia. It required taking a weekly pre-requisite CDC self-study course from March–May 2016 and having study group sessions with our group of



Wisconsin scholarship recipients. The actual “Epi in Action” course was held June 13-June 24, 2016 in Atlanta and topics covered surveillance, biostatistics, analytic epidemiology, case study exercises, and review of current Public Health issues like Zika virus, Ebola, live Intranasal Influenza vaccine, and more. Participants came from all over the U.S.; one group of participants even came from Africa. What we all had in common was a passion for epidemiology, infection control, and communicable disease investigations, so you can imagine our excitement when we realized that our classes were only a short walk to the International Centers for Disease Control and Prevention (CDC) Headquarters building! We walked through the CDC museum one day to take in the history of Public Health accomplishments and struggles that were shown with photographs and actual research tools. I have applied knowledge from this course on an everyday basis in my communicable disease work and have updated our reporting documents that we share with local providers. In 2017 and 2018, I hope to continue updating our communicable disease program, host in-service trainings (i.e., Rabies conference in 2017), and research ways to incorporate more Sexually Transmitted Infections (STI) teaching, testing and treatment locations in our County.

Mental Health Medications

In 2016, our Health Department clinic provided ongoing monthly injection appointments to 10 clients who are primarily seen by Jefferson County Human Services’ Psychiatrist, but they receive their injectable medication from a Public Health Nurse. They also receive blood pressure checks, weight checks, and ongoing side effect management as part of their Public Health appointment.

AIDS Resource Center of Wisconsin Testing

AIDS Resource Center of WI (ARCW) started coming to our clinic in October 2016 to offer free and confidential HIV and Hepatitis C testing for Jefferson County residents. We are thankful for ARCW’s support and hope our County’s residents utilize this free service! In 2016, health care providers began implementing a routine health maintenance measure to test baby boomers for Hepatitis C and it seems many more cases have been diagnosed since doing this. If residents do not have insurance or cannot afford their annual check-up, this ARCW testing would be a great opportunity for them.



Vivitrol Injections

In April 2016, Jefferson County Human Services reached out to our Health Department to start a Vivitrol program for some of their clients who wanted to quit heroin substance abuse. On May 2, 2016, an in-service training was provided to several of our nurses to run this side of the program. A Memorandum of Understanding (MOU), Policy & Procedure, and general appointment guidelines were developed by the nurses and then approved by the Health Department Health Officer and Jefferson County Human Services. A program assessment meeting was held on September 19, 2016, and we addressed the challenge of keeping the clients past 1 Vivitrol appointment. We hope to see an increase in the number of clients who receive Vivitrol on a continuous basis.

Adult Tetanus, Diphtheria, and Pertussis (Tdap) Grant

Another activity that my coworker and I have been working on is the Adult Tdap Grant for the Wisconsin Immunization Program. We planned initiatives in June 2016, hosted an Adult Tdap table at the Jefferson County Fair in July 2016, attended the Adult Immunization Symposium in September 2016, and held 3 meetings in October 2016 to work on initiatives & goals. In November and December 2016 we reached out to the County’s nursing homes and pharmacies to provide further education on the Tdap vaccine and learn more about their vaccine administration processes. Continuing into 2017, we are hosting “Adult Vaccine Days” at local senior centers to check senior citizen’s Tdap vaccine statuses in WIR and then recommend the appropriate vaccines per the CDC vaccine schedule.

Community Health Assessment by Gail Scott, RN, BSN

The Community Health Assessment (CHA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Dodge and Jefferson Counties, Wisconsin. The Dodge Jefferson Healthier Community Partnership, DJHCP joined together as they did in 2013, for this Community Health Assessment. This assessment analyzes progress since the last assessment as well as defines new priorities for the next three years.

A graphic with a blue background. On the left, the text "Community Health Needs Assessment" is written in white. On the right, there is a stylized illustration of a pen writing on a document with a bar chart in the background.

Community Health Needs Assessment

Participants

Over one hundred individuals from over sixty community and health care organizations collaborated to implement a comprehensive CHA process focused on identifying and defining significant health needs, issues, and concerns of Dodge and Jefferson Counties. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in Public Health to provide direction for the community and hospital to create a plan to improve the health of the community.

Project goals

- ✓ To continue a formal and comprehensive Community Health Assessment process which will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
- ✓ To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community including low income, minorities and those without access to healthcare.
- ✓ To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

Data Collection and Timeline

In August, 2016, the Dodge Jefferson Healthier Community Partnership began a Community Health Assessment for Dodge and Jefferson Counties. The Partnership sought input from persons who represent the broad interests of the community using several methods:

- ✓ Fifty-four community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and children), foundations, schools, health providers, and government representatives participated in three focus groups for their perspectives on community health needs and issues.
- ✓ Information gathering, using secondary Public Health sources occurred.
- ✓ Sixteen community providers were surveyed via electronic and paper surveys, regarding their perspectives on community health status and needs.
- ✓ 1,068 electronic and printed community surveys were conducted.
- ✓ A Community Health Summit was conducted on October 24, 2016 with 73 community stakeholders. The audience consisted of healthcare providers, business leaders, law enforcement, government representatives, not-for-profit organizations, (mental health, substance abuse, sexual violence, elderly services, foundations) and other community members.

There were four broad themes that emerged in this process:

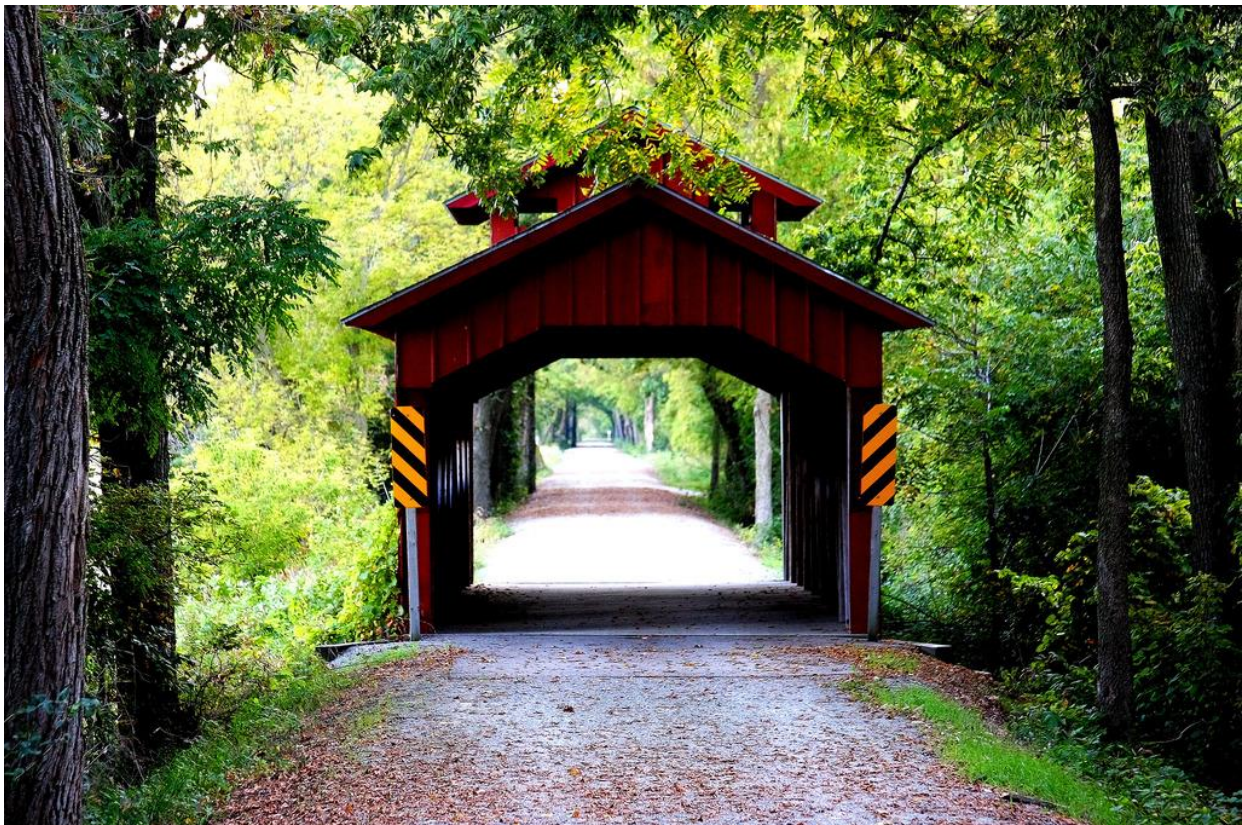
- ✓ Dodge and Jefferson Counties need to create a “Culture of Health” which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
- ✓ There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- ✓ While any given measure may show an overall good picture of community health, there may be significantly challenged subgroups such as the census tracts near the major towns, south of Waupun, Beaver Dam, southern Watertown and north and south of Fort Atkinson.
- ✓ It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the counties to improve health.

The most significant health needs resulted in seven categories and table groups brainstormed goals and actions around the top three priority health needs for development of a Community Health Improvement Plan. A copy of the full 2016 Community Health Assessment and Community Health Improvement Plan is available on the Jefferson County Health Department website.

Significant Health Need 1: Obesity/Nutrition & Activity

Significant Health Need 2: Substance Abuse

Significant Health Need 3: Mental Health



Dental Health Program by Emi Reiner, RN, BSN, MPH



In 2016, the dental program at the Jefferson County Health Department pursued several new goals to improve the oral health of its residents. The Healthy Smiles for Mom and Baby (HSMB) pilot program enabled us to identify best practices for integrating oral health care into our existing Prenatal Care Coordination Program (PNCC). Specifically, we looked at the process we use to screen, make referrals, and coordinate dental care for pregnant women. Since the beginning of the pilot to the end of this year (September through December), the Community Dental Clinic has

treated 12 women that JCHD referred and 3 of them have completed their treatment. The referral process that we have developed is one that can be replicated by other health departments or other providers in the state and nationwide. A “Promising Practice” document summarizes our pilot program and is available to be shared widely.

We continued to provide Fluoride Varnish to children who qualified for this service. We performed 329 Fluoride Varnish treatments in 2016. We also offered Fluoride Varnish to WIC clients in the Watertown location for the first time. All children received a basic oral health screening and parents were offered education. At right Emi Reiner applies Fluoride Varnish.



As part of our “Brush, Book, Bed” Initiative, we gave each child a book and dental supplies in order to promote early literacy and to help families create a healthy bedtime routine for their children. All of our books and dental supplies (toothbrushes, etc.) were donated. We made 65 dental referrals to area providers, mostly to the Community Dental Clinic, for children to receive preventive and restorative care. Of these referrals, 15 were seen by the dentist; 10 were seen at the dentist, then referred to a pediatric specialist for more serious needs; 4 were seen once at the dentist, then failed to show up to the next appointment; and 36 could not be contacted. In the future, we would like to increase the number of children who are seen by a dentist after a referral has been made.

We were able to achieve a high level of success due to organizational support and strong relationships with community partners, especially the Community Dental Clinic, the Children’s Health Alliance, and the WIC Program. The emphasis this year was on the Quality Improvement project of Healthy Smiles for Mom and Baby, the continuation of the Fluoride Varnish program and community education. We attended numerous community events throughout the County and did specific outreach to families in WIC, Head Start and in the Hispanic community.

“Celebrate every success, no matter how small.” Emi Reiner, RN, BSN, MPH

Immunization Grant by Diane Nelson, RN, MSN

Grant Objective:

By December 31, 2016, 82% of children residing in the Jefferson County Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PVC) vaccinations by their second birthday.

Vaccination of children born during 1994–2013 will prevent an estimated 322 million illnesses, 21 million hospitalizations, and 732,000 deaths over the course of their lifetimes.

The Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in the Jefferson County Health Department jurisdiction who turned 24 months of age in the 2016 contract year showed that only 75% of children were fully immunized.

Most children receive vaccine from their private provider with the Health Department being the provider for uninsured and underinsured children and children on Medical Assistance who do not receive the vaccine from their medical provider. Therefore, it is difficult for the Health Department to influence the percentage of children immunized.

The following activities were completed in an attempt to increase vaccination rates:



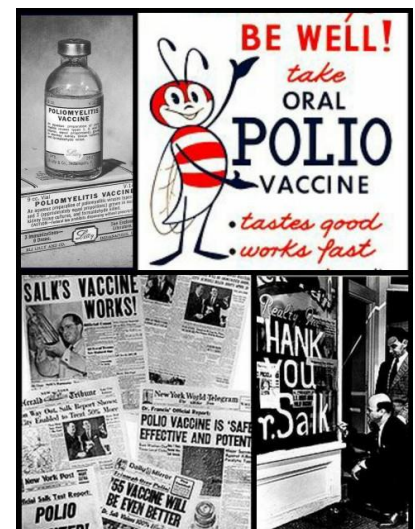
The Health Department presented “Lunch and Learns” with the Pediatric providers in the County providing education specifically on HPV disease and vaccines but the Public Health Nurses also took the opportunity to educate on other vaccines and WIR reports to look at benchmarks.

The Jefferson County Immunization Coalition held two coalition meetings in 2016. The topic of the first was HPV with Dr. Margaret

Hennessy, Pediatrician as the speaker. Though she focused on HPV and her promotion of that vaccine she also addressed other vaccines. Clinic nurses and providers attended. The second Immunization Coalition meeting in the fall was dedicated to Assessment, Feedback, Incentives, eXchange (AFIX) and the AFIX reports. It was well attended by Pediatric/Internal Medicine staff.

We have been in conversation with local pharmacies regarding drug drop-off sites in an effort to get the drugs out of circulation. During those pharmacy visits we have had conversations with Pharmacists about their immunization practices and how we can work together to increase our compliance rates in Jefferson County. The clinic technician runs a 24 month benchmark report and contacts clinics and clients regarding getting in before their 2nd birthday to get the recommended shots.

Jefferson County Health Department is reaching out to our partners and our clients, yet our immunization compliance benchmarks continue to drop each year about 3%.



Maternal & Child Health by Diane Nelson, RN MSN

Grant Objective

By December 31, 2016, implementation and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Jefferson County Health Department in collaboration with community partners focusing on safety/injury prevention.

The Child Death Review Team (CDRT) of Jefferson County was started in October 2012. The team meets quarterly and consists of a diverse group of partners who may have had contact or been involved with the decedent being reviewed.

Child Death Review Team Members

Child Protective Services	Medical Examiner
Children's Health Alliance of Wisconsin	Pediatrician or Other Health Care Provider
Emergency Medical Services	People Against Domestic Violence
Hospitals	Prosecutor/District Attorney
Human Services	Public Health
Law Enforcement	Schools

Approximately 25 members attend each meeting. In 2016, ten cases were reviewed between the ages of 15-25 years.

The trends we see in Jefferson County mirrors the key findings just out in the 2017 County Health Rankings. The Rankings found that after years of improvement, premature death rates began to rise steadily in 2012 and then accelerated from 2014-2015.

The Rankings found rural counties continue to have the highest premature death rates. Deaths are considered premature because loss of life prior to age 75 is often preventable. 85% of the increase in premature death was due to more deaths among youth and young adults ages 15-44 (15-24 yrs. contributed 24%, 25-34 yrs. 39%, 35-44 yrs. 22%). A rise in injury deaths (intentional injury- suicides, unintentional/unplanned such as drug overdoses, motor vehicle crashes, falls, and suffocation) contributed substantially more than 70% to the increase in premature deaths.

The U.S. has consistently found the leading contributors to premature death to be drug overdoses, motor vehicle crashes and firearms. Jefferson County follows that national trend with all the cases reviewed in 2016 falling into one or a combination of those three categories.



**"Health care is vital to all of us some of the time, but Public Health is vital to all of us all of the time."
C. Everett Koop, former U.S. Surgeon General**

"I do enjoy the challenges of working in Public Health. No day is ever the same. In the course of a day one might be expected to be knowledgeable about anything from pregnancy and new babies to dead birds and mosquitoes. Watching the evening news may give you a hint of possible phone call questions to anticipate the next day. I also enjoy my job because of all the great people I work with both within the Health Department and the greater community as we all work to improve the health and safety of Jefferson County residents." Diane Nelson, RN, MSN, Public Health Program Manager

So what are we doing about these premature deaths in Jefferson County?

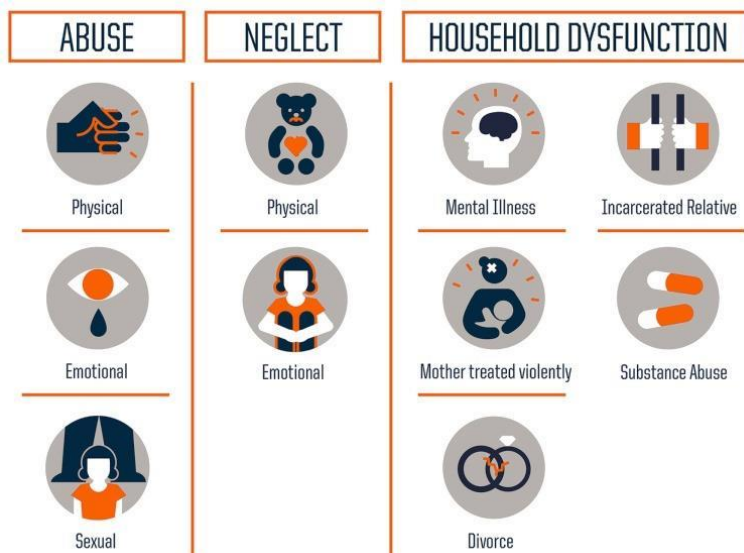
- 1) The Jefferson County Zero Suicide Coalition is working on efforts to educate the community as most of the completed suicides were not on their radar. Their goals include making the public more aware of friends and family showing thoughts of suicide and to know the resources, hotlines and support groups, available to them. Zero Suicide and the Child Death Review Team have a goal of reaching out to Funeral Homes, who have not been typical partners.
- 2) Partnering with schools and the Drug Task Force Team to educate parents and students on the dangers and consequences of drug use. Watertown School District sponsored the Stairway to Heroin and Play Ground of Pills. Jefferson School District plans to sponsor those events in 2017. The Drug Task Force has hosted community events focused on heroin, using families whose kids struggled with drugs.
- 3) Wide distribution information/poster of the drug drop-off program sites and Sharps disposal in the County. Again working with the Funeral Home partners to educate families where remaining medications can be disposed.
- 4) Jefferson County has in recent years had Fire, Public Health and Hospital OB nurses trained as Certified Passenger Safety Technicians. These Certified Technicians educate parents, grandparents and others on car seat installments and seats appropriate for the child. The Public Health Nurses who are Certified Technicians have been reaching out to the Jefferson County school districts to educate 4K, kindergarten, first and second graders on booster seats. Our short term goal is having children safely restrained in appropriate car seats. Our long term goal for the education is making lifelong seat belt/car seat users when they grow into parenthood.

Adverse Childhood Experiences

In recent years there has been much talk about ACEs (Adverse Childhood Experiences) that can impact a child or adolescent across their entire lifespan. In 2017, the Child Death Review Team has agreed to give an ACE score to each case reviewed. Adverse childhood experiences are the most basic and long lasting cause/strong predictors of later health risk behaviors, mental illness, social malfunction, disease, disability, premature death, and health care costs.

His score is 4

Without Intervention he is
4.7 times as likely to use DRUGS and
7.4 times as likely to be an ALCOHOLIC
when he grows up



In a recent study, higher ACE scores showed a shortening of the lifespan by 20 years, an increase in the likelihood of childhood/adolescent suicide attempts 51-fold, and adult suicide attempts 30-fold, to name a few of the findings.

In 2017, the Child Death Review Team will be looking at each case and determining the ACE score. We hope by intentionally looking at and talking about the individual's ACE scores we can raise awareness of the magnitude of the issues and find and implement prevention strategies in our community to address these traumatic childhood experiences.

By December 31, 2016, Jefferson County Health Department, in collaboration with community partners, will implement and evaluate strategy 3* to support safe infant sleep practices in their community.

****Strategy 3:***

- ✓ *Promote the use of the safe sleep policies and procedures developed for hospitals and health systems. Collaborate with the Children's Health Alliance of Wisconsin to promote the safe sleep webinars and resource kit and the adoption of safe sleep policies and procedures by the pediatric and birthing hospitals and health systems in your jurisdiction.*
- ✓ *Participate on the local Child Death Review Team and report in the Case Reporting System, to align with the team's prevention recommendations.*
- ✓ *Collaborate with community partners including consumers/families.*
- ✓ *Participate in quarterly Learning Community meetings/calls to support progress on the MCH National Performance Measure related to Safe Sleep.*
- ✓ *Attend the 2016 MCH Summit.*



2016 Summary of Grant Activity for Safe Sleep by Diane Nelson, RN, MSN

Watertown Regional Medical Center

Diane Nelson and Serena Jahnke from the Jefferson County Health Department met with Nikki Salas, Nursing Director and Megan Wierschke, Women's Health and Pediatric Manager, from Watertown Regional Med Center. Copies of the hospital's current policies were shared. The tool kit resources were shared with management. The Watertown Regional Medical Center managers related the strengths and problems of their current practice. New staff training and safe sleep orientation and ongoing annual staff training was discussed. The tools for regular auditing of the sleep environment from the tool kit were shared. The Children's Health Alliance of Wisconsin Safe Sleep training was introduced and they were invited to participate in the training.

Later in 2016, Megan Wierschke, Women's Health and Pediatric Manager, reported that the charge nurse put together a safe sleep board for the team using the tool kit resources we left them so the nurses could readily access the resources. The Safe Sleep video is now mandatory for all parents to watch prior to discharge. An opportunity is given at that time to ask questions. She reported they are "practicing what we preach" and leading by example in not using anything extra in the bassinets; no blankets and no toys. Future plans for 2017: Continue dialogue on safe sleep and consistent messaging by using the same material given during their prenatal and postpartum provider visits.

Fort Health Care Hospital and Clinics

Diane Nelson and Serena Jahnke from the Jefferson County Health Department met with Deb Schumacker, Hospital OB Manager, Angela Heald, OB/Women's Health Clinic Manager, Jamie Bracken, Internal Med/Peds Clinic Manager, and Jan Simdon, Hospital OB RN. Their policy and procedures on safe sleep were shared. Discussion ensued how we could all use the same resources and direct clients to the information when in the clinic, being visited by a Public Health Nurse or on visits to the hospital. Consistent messaging is important coming from all professionals whether it is safe sleep or breastfeeding. Future plans 2017: Continue to network and give consistent messaging to clients from the hospital, clinics and Health Department professionals. Clients will be guided to the same booklets, reinforcing the message and giving more opportunities to ask questions.

Prenatal Care Coordination by Mary Magnuson, RN, BSN

Prenatal Care Coordination (PNCC) is a Medicaid and BadgerCare Plus benefit that helps pregnant women get the support and services they need to have a healthy baby. PNCC services include:

- ✓ Help getting the health care you need
- ✓ Personal support
- ✓ Information on good eating habits and health practices
- ✓ Help finding needed services in your community

The purpose of the Medicaid Prenatal Care Coordination program is to provide access to medical, social, educational, and other services to pregnant women who are considered high risk for adverse pregnancy outcomes. The components of this benefit are outreach, assessment, care plan development, ongoing care coordination and monitoring, and health education and nutrition counseling.

Highlights in 2016:

- ✓ PNCC revenue from Medicaid increased from \$4,870 in 2015 to \$8,324 in 2016.
- ✓ Total number of PNCC clients served = 42
- ✓ The Southern Region Prenatal Care workgroup developed a new brochure and client satisfaction survey.



Goals for 2017:

- ✓ Increase the return rate of the client satisfaction surveys and use the data to improve services and outcomes.
- ✓ Continue outreach to providers to increase referrals
- ✓ Increase revenue to \$10,000

Right: Amy Fairfield, RN, BSN assisted with a car safety seat installation and also got some snuggle time!



"I love working at the Health Department! We have a fun and supportive staff which makes it a great atmosphere. Because Public Health is constantly changing I learn something new every day!" Mary Magnuson, RN, BSN

Quality Improvement

By August 16, 2016, Jefferson County Health Department will conduct one activity to meet or sustain National Public Health Performance Standards (i.e. pursue accreditation readiness) by conducting a quality improvement project related to Well Child Clinic services.

Public Health Nurses formed a QI committee to look at the provision of Well Child Clinic services and outcomes, including looking at data related to the health status of children attending the clinics.

After looking at the data it was decided to end formal Well Child Clinics and instead focus on the holistic approach of offering health and safety resources for families. Families will be assessed for needs and provided services and needed resources:

- ✓ WIC
- ✓ Individualized Well Child Physicals
- ✓ Car Safety Seats
- ✓ Dental Care
- ✓ Dental Varnishes
- ✓ Prenatal Care Coordination
- ✓ Lead Testing
- ✓ Cribs for a Safe Sleep Environment
- ✓ Referral to Head Start
- ✓ Referral to Birth to 3 Program
- ✓ Referral for Public Health Home Visits
- ✓ Referral for Health Insurance
- ✓ Referral for Mental Health Care
- ✓ Referral for Other Resources such as FoodShare and Workforce Development

“As I approach my 28th anniversary working at the Health Department I reflect on how much has changed over the years in department services, technology and funding. Although many things have changed there are several things that have not. This department has always had a staff that cares for their clients, the general public and each other. I am always proud to tell people where I work and if there is a way that I can make a positive difference in someone’s life through my job...then mission accomplished!”

***Respectfully submitted,
Sandee Schunk, Accounting Specialist II***

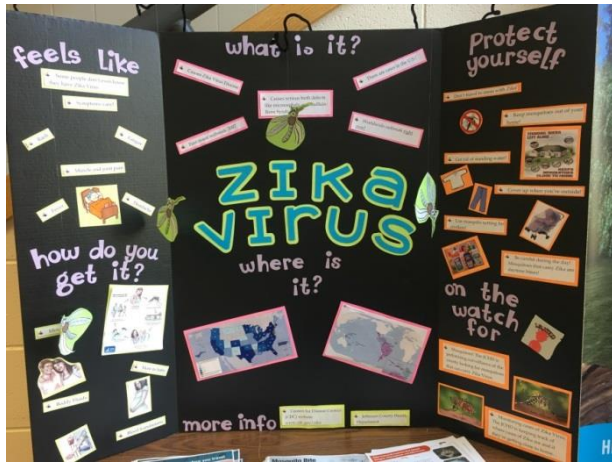


2016 Student Highlights by Amy Fairfield, RN, BSN

We hosted a total of 9 nursing students in 2016.

In Spring we hosted 2 UW-Madison nursing students. Meghan and Julia came weekly to the Health Department for 15 weeks. This was an eager pair of students that spent time interacting and learning about all aspects of the Health Department. They worked together on their semester project which was a collaborative effort between Head Start and the Health Department titled, *"Health Promotion for Head Start Children in Jefferson County."* The focus was promotion of childhood health as it relates to childhood obesity in the Head Start population. The project allowed students to work directly with one of our long-standing community partners (Head Start), strengthening this partnership and offering a service to benefit Head Start families and ultimately promote healthy lifestyles for these children. The project resulted in teaching materials and a presentation to Head Start families. The Fort HealthCare (FHC) Railyard was obtained and set up as an obstacle course, demonstrating the "staying active" part of the presentation and having fun while doing so. This project was a big success. The students received positive comments from parents...they did a great job!





In the Summer of 2016, we had the pleasure of hosting a UW-Oshkosh Accelerated Nursing Student, Kelsey. This nursing program is an accelerated program in which students complete 168 hours of clinical time over 6 weeks. Students spend on average 3 days per week at the Health Department. Kelsey was a motivated student that was given an intense clinical experience as she participated and learned about all areas of the Health Department. A global Public Health concern emerged during the Summer of 2016. Zika Virus gained both momentum and attention throughout the world and even here in Jefferson County.

Kelsey chose to focus on Zika Virus for her clinical project and the end result was participation in the Johnson Creek Safety Fair with a Zika Virus display and educational materials. This ongoing partnership within our community is one of the great ways for the Health Department to provide outreach to families and Kelsey did an excellent job representing our department!

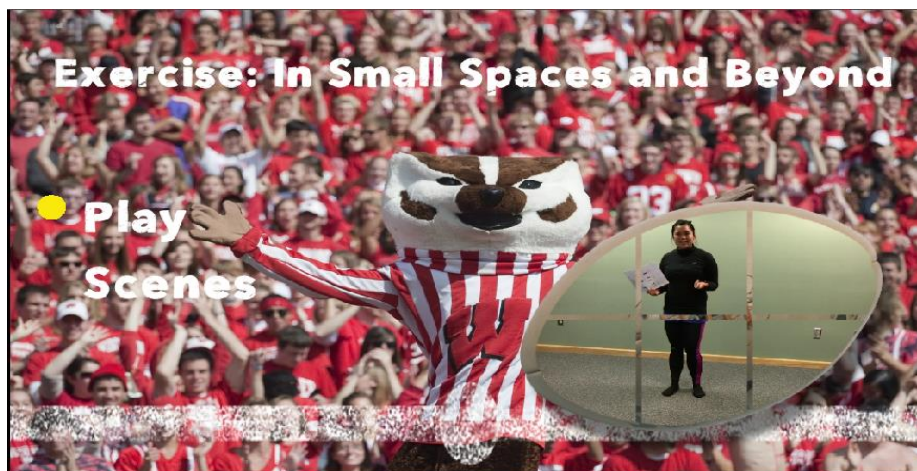
She had kids demonstrating how they could protect themselves from “skeeter bites” by using a pretend mosquito repellent bottle. Parents and colleagues loved her poster display and we still use it in our Health Department clinic today!



In the Fall of 2016, we worked with four UW-Madison nursing students: Aaliyah, Lisa, Abby and Lindsay. These four students completed 15 clinical days over the course of 13 weeks. Fall was a busy semester as students completed their typical clinical rotation learning all aspects of the role of Public



Health nursing, including planning and hosting Mass Vaccine Clinics in our local schools. Also new for the Fall 2016 semester was individual semester projects. Each student worked independently on a Public Health topic of their choice. Aaliyah chose to work on dental education for preschool children. She conducted research and presented to two Head Start centers in Jefferson County. Dental education and services have been a hot topic for the Health Department as we continue to work to provide services to all clients we interact with throughout our programs. It fits perfectly within the scope of Public Health as most all dental issues are preventable! Public Health has become a key player in dental health.



Lisa focused on lack of exercise education in the County jail. This was a topic of interest for Lisa as she held a previous degree in Exercise Physiology and for the Health Department as the jail had experienced a situation with an inmate who suffered a serious injury, Rhabdomyolysis, resulting from overuse of a muscle group from a particular exercise. Lisa's project included a presentation to jail inmates including demonstration of appropriate exercise for small spaces. Lisa also agreed to work with the department to create a DVD featuring Lisa giving demonstrations of appropriate exercises that will be utilized in future exercise education in the jail.

Abby also brought past experience which contributed to her project in sexual health education (as she works for an education/advocacy group on UW-Madison campus called *Sex Out Loud*). Her project included education on STI (sexually transmitted infection) transmission and unintentional pregnancy reduction by promoting comprehensive sex education, concepts of communication and healthy relationships, community resources and increasing access to safe sex supplies. Abby provided this education to all nurses in the department as well as staff from Rock River Free Clinic at the conclusion of her project. The information was relevant and received well by all nurses and helped identify areas for the department to continue to provide this type of education throughout the community in the future.

Lindsay chose a project to promote the Health Department's long-standing PNCC (Prenatal Care Coordination) program. Lindsay researched this topic, compiled a "toolkit" that included information and statistics on the benefits of Prenatal Care Coordination programs and a letter template that could be used to send to providers highlighting program benefits thus educating providers on our services and encouraging them to make referrals when needed for their pregnant patients. Lindsay provided a presentation to staff at the conclusion of her project.

Gail Scott mentored two students. Heidi, a UW Milwaukee School of Nursing student, assisted in developing a Family Assistance Center plan and stated she thoroughly enjoyed her Public Health clinical. Tracie, a UW Green Bay School of Nursing student, was an active participant while at the Health Department and assisted in providing vaccine at a Mass Clinic held at an area school. She also developed a Childhood Lead Poisoning presentation that was used at a Lake Mills Town Hall meeting.

"The Health Department continues to take pride in the importance of mentoring our nursing students. Sustainable Public Health projects are created through their work and in turn we reap the benefit of investing in the future of the Public Health workforce."

Amy Fairfield, RN, BSN

Tobacco Free Community Partnership

Dodge • Jefferson • Waukesha

by Emi Reiner, RN, BSN, MPH

The Tobacco Free Community Partnership is a grassroots coalition in Dodge, Jefferson and Waukesha Counties. We strive to create tobacco-free communities through education, advocacy and promotion of tobacco-free living in order to eliminate tobacco use and tobacco related disease.

Tobacco Free Community Partnership-Dodge-Jefferson-Waukesha works in partnership with these communities to:

- ✓ Support the choice for a tobacco-free life
- ✓ Educate about the hazards of tobacco use
- ✓ Encourage tobacco cessation efforts
- ✓ Sustain the Wisconsin smoke-free air movement

In 2016, the Tobacco Control Coalition was restarted in Jefferson County. The Tobacco Free Community Partnership works with communities to eliminate tobacco use and tobacco related

disease through education, advocacy and promotion of tobacco-free living. Major activities of the group include recruiting and identifying coalition partners, media outreach; community education; and educating state and local leaders about the importance of tobacco prevention.



In 2017, the coalition plans to work with the Jefferson County Alcohol, Tobacco and other Drug Abuse (ATODA) Partnership to collaboratively tackle tobacco issues as a component of substance abuse prevention.

The group meets regularly at the Health Department and is made up of partners from health, law enforcement, schools and the business community.

Other activities that are planned for 2017 include presentations to various community groups such as the Fire Chiefs and the Board of Health and educating the community about the rise in e-cigarette use among youth.

First Breath and the Wisconsin Tobacco Quit Line

We continue to offer the First Breath program to pregnant women who want to quit smoking. Women who choose the First Breath program have access to free, ongoing counseling and support from the Public Health Nurses and the texting program. Through First Breath, we can now offer a free texting program to promote smoke-free families and homes. Anyone who is interested in quitting is also referred to the Wisconsin Tobacco Quit Line and FAX to Quit program.

Women, Infants & Children by Mary Wollet, RD

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides



nutrition education, nutritious food and referrals to other programs for eligible pregnant, breastfeeding and post-partum women, infants and children under 5 years of age. The Jefferson County WIC program, part of the Jefferson County Health Department, employs 2 Registered Dietitians, 1 Dietetic Technician, Registered and 1 WIC Clerk. The 2016 WIC budget was \$321,511.

In 2016, WIC served an average of 1,267 participants monthly, or 95% of the state-assigned caseload of 1,340. Of the 1,267 monthly participants:

- ✓ 20% were women
- ✓ 22% were infants
- ✓ 58% were children

WIC benefits redeemed at Jefferson County grocery stores and pharmacies totaled \$772,962.42.

Jefferson County WIC had a WIC Management Evaluation in 2016, which all WIC projects participate in every other year. Positive comments from the evaluator:

- ✓ "Very warm and friendly clinic and engage with families. Clients really open up."
- ✓ "Excellent family and child friendly activities and toys in waiting area and toys in rooms."
- ✓ "Excellent counseling on high lead levels."
- ✓ "All (fiscal) processes are in order!"
- ✓ Comments from clients: "Everything is easy. There are no hassles." "Thank you for all the help and support provided in a non-judgmental way."

Areas needing attention: (These concerns have been addressed.)

- ✓ Offer information on alcohol, tobacco and other drugs to new families.
- ✓ Document reason for providing a breastfed infant under 1 month more than 1 can of formula.
- ✓ Improve non-certification nutrition education rates.

The Wisconsin WIC Program transitioned from paper benefits to electronic benefit cards in 2015. During 2016, we have been refining the process of issuing cards, managing cards and vendor procedures. In November 2016, the Wisconsin MyWIC app for smart phones became available. Participants like the app because it allows them to view their benefit balances, search for WIC-approved stores, and scan bar codes to identify WIC foods while shopping.

Wisconsin MyWIC App

On your smartphone you can now:

- Search WIC Foods
- View Benefit Balance
- Find Stores
- View WIC Messages



Another technology development we are working on in 2017 is online nutrition education. Participants who meet the criteria may complete their nutrition education online and WIC staff will then issue benefits electronically. This is especially helpful for participants who have health or transportation issues.

"I love being a WIC Dietitian. We get to build relationships with our participants and get to know their families. They may not be ready for change when we first meet them, but as time goes on they grow and become ready for change. The possibilities are there!" Mary Wollet, RD

Besides providing nutrition education and healthy foods to eligible participants, the Jefferson County WIC Program is involved in other USDA and community programs.



WIC Dietitians are nutrition consultants for Head Start. We develop menus for students following CACFP (Child and Adult Care Food Program) guidelines. We perform foodservice sanitation and safety evaluations for 5 sites annually. We also develop nutrition care plans for those students who need special diet accommodations and developed 26 care plans during the 2016-2017 school year. During 2017, we will be developing menus based on new CACFP guidelines which focus on lowering fat, sugar and salt and providing more whole grains in students' diets.



fit families

Eat healthy • Be active • Your kids are watching

WIC nutrition staff is involved in the Fit Families Program. Fit Families Supplemental Nutrition Assistance Program-Education (SNAP-Ed) is a successful behavior change program targeting primarily families of 2-4 year old children enrolled in WIC at Fit Families projects in Wisconsin.

Fit Families Coaches empower families to adopt healthy eating and physical activity behaviors. Coaches offer individualized guidance, support, and tools to the families every month over a 12-month period. Evaluation results for children that have completed the program indicated a significant positive effect on fruit and vegetable consumption, juice consumption, physical activity, and TV viewing. Fit Families strives to help prevent childhood overweight/obesity and is collaborating with other SNAP-Ed projects and partners on this effort.

"The most rewarding part of my job over the past year has been coming up with creative resources to help clients with limited resources achieve the goals they set with the Fit Families Program. It has been rewarding to hear from them on a monthly basis and to see the positive changes they have made. I love it when the families send me pictures of those changes they have made or when I see them come in for their appointment and they thank me for helping."

Vicki Gallardo, WIC Dietetic Technician

We are currently in our 3rd year of Fit Families. We have a caseload of 50 children, and enroll 50-55 children from among our WIC participants each year. Our 2016 budget was \$17,023.

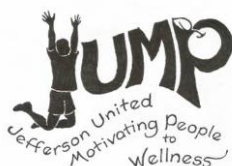
Each year we ask our parents to complete satisfaction surveys. These are some of the comments from 2016:

- ✓ "She is a lot better about eating more fruits and veggies and drinking less juice."
- ✓ "Helped us as a family to make better food choices and staying more active during winter months."
- ✓ "We reduced juice intake, increased outside activities, and still working on veggies."

The Fit Families Program also requires community involvement. We go to the Fort Atkinson Farmers Market yearly to promote farm-fresh produce and physical activity. Two other community partners are Head Start and JUMP (Jefferson United Motivating People to Wellness).



With Head Start, we are working with AmeriCorps volunteer, Alicia Brunk, to provide garden lessons to students. Alicia introduced us to the Great Apple Crunch in October, and both Head Start students and Health Department staff participated in this fun event. Alicia also invited WIC staff to the second annual Jefferson County School Garden Summit, which keeps us tuned into Farm-to-School programs.



WIC is a member of JUMP, and WIC staff attends JUMP meetings and events. Events in 2016 were a Wellness Fair in January, Nature Walk at Dorothy Carnes Park in May, and the Great Apple Crunch Fun Run in October. We promote all JUMP events at Head Start and at WIC clinics.

Another program associated with WIC is the Farmers Market Nutrition Program. WIC participants are offered an additional \$20 in vouchers for Wisconsin-grown produce at area farmers markets and farm stands. There are several locations in our County where families can buy farm-fresh produce: Fort Atkinson Farmers Market, Watertown Farmers Market, Lake Mills Artisan/Farmers Market, and farm stands in Fort Atkinson, Jefferson, Johnson Creek, Lake Mills, Palmyra, Waterloo and Watertown. In 2016, 43%, or \$4,660 of issued WIC FMNP benefits were spent. Of the families who accepted FMNP vouchers, 81% spent some or all of their vouchers.



WIC Dietetic Technician, Vicki Gallardo, is a Child Passenger Safety Technician (CPST) and works with other CPSTs in the Jefferson County Health Department and the Watertown Department of Public Health. CPSTs assess children for the appropriate car seat (based on height, weight and age) and correct installation in vehicles. Vicki attends car seat events, the Jefferson County Fair and local National Night Out events to promote car seat safety. Vicki also manages the Jefferson County WIC Facebook page. She also creates displays and bulletins boards for WIC and Public Health.

Patty Pohlman, WIC clerk, is the first person WIC participants come in contact with at our front desk. She answers questions, schedules appointments and manages appointment schedules. She also calls and texts participants to remind them of appointments and benefit issuance. She fulfills WIC's mission of referral by staying up-to-date on other programs that participants may qualify for, and educating participants on these programs and how to apply.

Healthy Start through Breastfeeding by Jennifer Gaal, RD

Promote and Support Breastfeeding

Jefferson County WIC promotes and supports breastfeeding. Research has shown that there is no better food than breast milk for the baby's first year of life. Breastfeeding provides health, nutritional, economic, and emotional benefits to the mother and baby. There are also significant benefits to the community, workplace, and the environment. WIC is the largest public breastfeeding promotion program in the nation, providing mothers with education and support.

WIC Breastfeeding Statistics

Jefferson County WIC exceeds the State average for incidence of breastfeeding overall, at 1 month and 3 months of age. We also exceed the state average for exclusively breastfed infants at 1 month of age. Our main area of improvement is for exclusive breastfeeding of infants at 6 months of age.

Breastfeeding Incidence and Duration for 2016

	Incidence	1 month	3 months	6 months	12 months
Jefferson County WIC	80.4%	82.1%	63.6%	34.6%	14.4%
Wisconsin WIC	72.8%	73.6%	57.8%	35.3%	16.1%
Goal	>82%	>77%	>65%	>60%	>34%
Good	>80%	>75%	>55%	>35%	>20%
Needs Improvement	<70%	<65%	<45%	<25%	<10%

Exclusive Breastfeeding for 2016

	1 month	3 months	6 months
Jefferson County WIC	41.2%	24.7%	4.3%
Wisconsin WIC	39.2%	28.2%	11.6%
Goal	>57%	>44%	>24%
Good	>55%	>35%	>15%
Needs Improvement	<35%	<20%	<10%

Breastfeeding Peer Counselors – “Moms Helping Moms”

All pregnant and breastfeeding women enrolled in the Jefferson County WIC Project have access to a trained Breastfeeding Peer Counselor. Peer Counselors promote breastfeeding and provide basic breastfeeding information prenatally. They also help mothers explore and overcome barriers to breastfeeding. After delivery, Peer Counselors offer support and encouragement to participants. They build mothers' confidence in their ability to successfully breastfeed their babies. Education is provided based on needs and referrals are made as needed. Information is also provided regarding community resources.

The Jefferson County WIC Breastfeeding Peer Counselor program, with a budget of \$7,631.00, employed 2 Breastfeeding Peer Counselors in 2016, one of whom speaks Spanish. Peer Counselors make regular contacts with pregnant and breastfeeding women to offer support for breastfeeding. Of 401 pregnant and breastfeeding women, 189, or 47%, received at least one Peer Counselor contact. Along with telephone contacts, our Peer Counselors offer office, home and/or hospital visits and individual or group classes to WIC participants. They are members of the Jefferson County Breastfeeding Coalition and promote breastfeeding throughout Jefferson County.



Jefferson County Breastfeeding Coalition

The Jefferson County Breastfeeding Coalition is an interdisciplinary coalition made up of Public Health Nurses, WIC staff, Breastfeeding Peer Counselors, hospital lactation consultants and representatives from local businesses.

Mission: Jefferson County, as a healthier community, empowers all mothers to breastfeed and fulfill their breastfeeding goals.

Vision: Breastfeeding = Healthier Community

2016 Projects:

Facebook Page – “Breastfeeding Support for Southern WI” provides a place for peer-to-peer, mom-to-mom discussions on breastfeeding.

Support Groups – Both major hospitals in the County support the community with monthly breastfeeding support groups as an opportunity to get questions answered, share experiences, and discuss a variety of breastfeeding issues and topics.

Breastfeeding Friendly Workplace Outreach – Beginning to work with the school districts focusing on their breastfeeding policies for teachers and staff.

Jefferson County Fair – Assist Fort Healthcare with setting up a tent area for breastfeeding moms and babies.

Plans for 2017:

Along with continuing to promote and support breastfeeding through the WIC clinic, Breastfeeding Peer Counselors, and the Jefferson County Breastfeeding Coalition, we have plans for building more continuity of care with the breastfeeding dyad in the community.

- ✓ **Coordinate the Building Bridges Program:** Building Bridges is an educational networking event aimed at supporting breastfeeding moms in the first two days postpartum and bridging the gap for breastfeeding support after discharge. Watertown Regional Medical Center will be co-hosting this event in June.
- ✓ **Participate in the Wisconsin-Coffective Initiative:** This initiative is a coordinated breastfeeding effort that will position WIC as a partner in changing the culture of maternity care in Wisconsin by engaging local WIC agencies and hospitals around the state in order to:
 - ✓ Enhance continuity of care for mothers by preparing them to receive evidence based care in the hospital
 - ✓ Improve breastfeeding outcomes
 - ✓ Strengthen relationships across community stakeholders by further aligning work of local WIC agencies and birthing hospitals



Both Fort Healthcare and Watertown Regional Medical Center are partners in this initiative.

“I am thrilled I was able to join this dedicated, caring team of Public Health professionals this past year! It is truly rewarding to see families succeed with their nutrition goals through our WIC and Fit Families programs.” Jennifer Gaal, RD

Public Health Preparedness by Gail Scott, RN, BSN

2016 was another busy year for the Public Health Preparedness Program. The Health Department is an important member of the emergency response system. All staff members are trained in the Incident Command System (ICS) and National Incident Management System (NIMS).

The Health Department participates in the Local Emergency Planning Committee (LEPC), EMS Chiefs' meeting, South Central Healthcare Coalition meeting, collaboration with Jefferson County Emergency Management, joined the National Weather Service weather briefings, participated in Zika Virus updates, listened to the PHEP Q&A webcasts, providing vaccine to school-age children at Mass Clinics, provides annual fit testing for staff, and participated in a regional Ebola Exercise and a two-county Full Scale Exercise where a Family Assistance Center was open due to a mock train derailment.

The Health Department receives funding from the Centers for Disease Control and Prevention (CDC) program for Public Health Preparedness grant activities.

Required Grant Objectives for July 1, 2016 – June 30, 2017

- ✓ Complete the online Capabilities Planning Guide (CPG) surveys on the Partner Communication and Alerting (PCA) Portal.
- ✓ Use the Capabilities Assessment Guide results to identify areas for improvement.
- ✓ Select at least three gaps per capability to improve during the contract year.
- ✓ The agency will create or modify plans, coordinate trainings and exercises, and obtain resources to close identified gaps.
- ✓ As feasible, participate in preparedness webinars, meetings, expert panels, and workgroups.
- ✓ Maintain three to five emergency contacts on the PCA Portal. (Capability 6)
- ✓ Local Public Health Agency staff with access to the PCA Portal will review and update their profile every six months. (Capability 6)
- ✓ Maintain a jurisdictional Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrator and conduct quarterly messaging drills with the jurisdictions WEAVR members. (Capability 15)
- ✓ Participate in the regional health care coalitions.

Contract Deliverables

- ✓ Submit a proposed budget, an actual budget and an end-of-year budget.
- ✓ Update the jurisdiction's Point of Dispensing (POD) sites on the PCA Portal. (Capability 8)
- ✓ Develop a medical countermeasure dispensing plan for first responders and critical infrastructure staff by June 30, 2017. Submit to Department of Public Health (DPH) the type and number of first responders and critical infrastructure staff. (DPH will provide an easy to use spreadsheet). (Capability 8)
- ✓ Incorporate baseline background check procedures into the jurisdictions medical volunteer plan and notify the State WEAVR Administrator when completed. (Capability 15)
- ✓ Participate in one of the seven Healthcare Coalition regional exercises or other DPH facilitated exercise and post the after action report or jurisdictions improvement plan to the PCA Portal. Regional after action reports may be submitted on the behalf of all participating agencies.

Mosquito Surveillance by Melissa Koenigs, LPN

In the summer of 2016, the Health Department volunteered to take part in monitoring for the mosquitos that can transmit Zika virus. Zika virus is spread to people primarily through the bite of an infected mosquito, but can also be transmitted through sexual interaction or from mother to child. The mosquitoes that can become infected with and spread Zika virus live in many parts of the world, including parts of the United States. So far, the species of mosquitoes that can transmit Zika virus are not found in Wisconsin. The Health Department also participated in monitoring for any travel-related Zika virus cases.

Michele Schmidt, Administrative Assistant II, and I put out mosquito traps similar to the one pictured in many areas of the County. We would check them on a weekly basis and send any traps with mosquito larvae to the State for testing. No mosquitos that transmit Zika virus were found.

Wisconsin does have other mosquito-borne illnesses such as West Nile Virus, Eastern Equine Encephalitis, Jamestown Canyon, and LaCrosse Encephalitis. Avoiding mosquito exposure is the most effective way to prevent mosquito-borne illnesses.



You can protect yourself from mosquitoes by using these tips:

- ✓ Use effective mosquito repellent and apply according to the label.
- ✓ Wear long-sleeved shirts, long pants, socks, and shoes.
- ✓ Mosquitoes may bite through thin clothing, so spraying clothes with an insecticide (e.g., permethrin) or repellent (e.g., DEET) will give extra protection. Do not use permethrin directly on skin. If traveling to a remote area, use bed nets when sleeping.
- ✓ The mosquitoes that can spread Zika virus primarily bite during the day, and prefer to bite indoors. Take precautions to avoid mosquito bites when spending time indoors and outdoors, and both during the day and at night.

Zika Virus and Pregnancy

Women who are pregnant or who are planning a pregnancy in the future should become informed on how to protect themselves against Zika virus.

What We Know

- ✓ Zika virus can be passed from a pregnant woman to her fetus.
- ✓ Infection during pregnancy can cause a birth defect called microcephaly and other severe fetal brain defects.
- ✓ Zika primarily spreads through infected mosquitoes. You can also get Zika through sex without a condom with someone infected by Zika, even if that person does not show symptoms of Zika.
- ✓ There is no vaccine to prevent or medicine to treat Zika.

What We Do Not Know

- ✓ If there's a safe time during your pregnancy to travel to an area with risk of Zika.
- ✓ How likely it is that Zika infection will affect your pregnancy.
- ✓ If your baby will have birth defects if you are infected while pregnant.

2017 Goals

- ✓ Recruit, hire, orient, and train a Public Health Nurse to fill an open position.
- ✓ Successfully implement the new County financial system software program.
- ✓ Continue to update Public Health Preparedness Plans and update staff training.
- ✓ Participate in a Regional Public Health Preparedness Exercise with the South Central Healthcare Coalition.
- ✓ Participate in a local Power Outage Exercise with Jefferson County Emergency Management.
- ✓ In promotion of increasing adult immunizations, provide “Lunch and Learns” for Family Medicine Providers and host 2 Immunization Coalition meetings on adult immunizations and Assessment, Feedback, Incentives, eXchange (AFIX) reviews.
- ✓ Host a car safety seat event at the Jefferson Fire Station.
- ✓ Provide booster seat education programs at 2 elementary schools.
- ✓ Train the new Public Health Nurse as a Child Passenger Safety Technician.
- ✓ Continue to work with the local hospitals on safe sleep education and provide training to child care centers on safe sleep messages. Provide Pack N Plays to families in need of a safe sleep environment.
- ✓ Complete Mass Clinic vaccination of school-age children, prepare for Mass Clinics in the fall.
- ✓ Expand education to families through the use of the TV in the WIC/clinic waiting area.
- ✓ Continue working with Human Services on the use of Vivitrol to assist clients in withdrawing from opioids.
- ✓ Promote Hepatitis B and HIV testing services through the Aids Resource Center of Wisconsin.
- ✓ Continue benchmarking of children under the age of 2 to increase immunization compliance rates from 77% to 80%.
- ✓ Provide a “topic of the month” on the clinic area bulletin board.

- ✓ Enhance pregnancy testing services through improved data management and education.
- ✓ Increase First Breath enrollment by 5 new pregnant women.
- ✓ Update and maintain Childhood Lead Poisoning Prevention Manual, continue to provide education to families with children with a Lead level of 5 to 9 ug/dL, provide Lead poisoning prevention education to Jail inmates.
- ✓ Complete pilot Quality Improvement project with Children's Health Alliance of Wisconsin – Healthy Smiles for Mom and Baby. Continue to provide dental varnishes to children in conjunction with WIC appointments, attend community events to promote oral health, continue to promote oral health and literacy through the “Brush, Book, Bed” program.
- ✓ Increase completed Prenatal Care Coordination Client (PNCC) Satisfaction Surveys by 10. Outreach to 2 medical clinics to promote PNCC services through a marketing toolkit developed by a UW Madison School of Nursing student.
- ✓ Apply for a Greater Watertown Community Health Foundation Changemaker grant to train staff and implement the “Parents as Teachers” program.
- ✓ Revitalize the Tobacco Free Community Partnership Jefferson County Coalition to provide community education on other tobacco products, prevent use of tobacco products by youth, and work with the housing authority on tobacco use in multi-unit housing.
- ✓ Implement Well Child Clinic Quality Improvement project by ceasing regularly scheduled Well Child Clinics and offering holistic services and Well Child physicals as needed to families.
- ✓ Offer on-line secondary education for qualified WIC families with the incentive that benefits can be remotely loaded on WIC cards upon successful completion of the on-line education.
- ✓ Offer “Building Bridges,” an educational networking event, aimed at supporting breastfeeding moms in the first 2 days postpartum and bridging the gap for breastfeeding support after discharge.



Jefferson County Health Department

Contact Information

Community Dental Clinic – Fort Atkinson	920-563-4372
Emergency Number (EMS, Fire, Police)	911
Environmental Health Complaints	920-262-8090
Health Department FAX	920-674-7477
Health Department Main Number	920-674-7275
Human Services Main Number	920-674-3105
Health Department Immunization Desk	920-674-7455
Public Health Emergencies (after hours)	920-988-3381
Public Health Program	920-674-7275
Rock River Free Clinic	920-674-7442
WIC	920-674-7189
Facebook: https://www.facebook.com/JeffersonCountyHealth	
Web Site: www.jeffersoncountywi.gov	
E-Mail: gails@jeffersoncountywi.gov	